

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90336 038 \*\*\*150.00

DOCUMENT # P97000042761



1. Entity Name  
NUNEZ AND NUNEZ, INC

Principal Place of Business  
1755 3<sup>RD</sup> AVE.  
MIAMI, FL 33129  
US

Mailing Address  
210 SW 11<sup>TH</sup> STREET  
#503  
MIAMI, FL 33130

2. Principal Place of Business  
1755 S.W. 3<sup>RD</sup> AVE.

3. Mailing Address  
1755 S.W. 3<sup>RD</sup> AVE.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0770080 Applied For  
Not Applicable

Zip 33129 Country US Zip 33129 Country US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NUNEZ, JORGE L.  
210 S.W. 11<sup>TH</sup> STREET  
#503  
MIAMI, FL 33130

7. Name and Address of New Registered Agent  
Name NUNEZ, JORGE L.  
Street Address (P.O. Box Number is Not Acceptable)  
1936 SW 18<sup>TH</sup> STREET  
City MIAMI FL Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jorge L. Nunez JORGE NUNEZ, PRESIDENT DATE: 4/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<u>D NUNEZ, JORGE L.</u>
STREET ADDRESS	<u>210 SW 11<sup>TH</sup> ST. # 503</u>
CITY-ST-ZIP	<u>MIAMI, FL 33130</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>D NUNEZ, LIDIA A.</u>
STREET ADDRESS	<u>210 SW 11<sup>TH</sup> ST. # 503</u>
CITY-ST-ZIP	<u>MIAMI, FL 33130</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>PD NUNEZ, JORGE L.</u>
STREET ADDRESS	<u>1936 SW 18<sup>TH</sup> STREET</u>
CITY-ST-ZIP	<u>MIAMI, FL 33145</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D NUNEZ, LIDIA A.</u>
STREET ADDRESS	<u>1936 SW 18<sup>TH</sup> STREET</u>
CITY-ST-ZIP	<u>MIAMI, FL 33145</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jorge L. Nunez JORGE NUNEZ DATE: 4/12/03 (305) 860-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #